



TESTIMONY

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Higher Education & Employment Advancement Committee

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S.B. 251, An Act Expanding Training Programs for Careers in Health Care

Senator Slap, Representative Elliott, and distinguished members of the Education and Employment Advancement Committee, my name is Coco Sellman, I am Co-Owner of All Pointe Home Care, a CT home health provider.

I'd like to address S.B. 251, an act expanding training programs for careers in health care.

All Pointe Home Care is a CT-licensed and Medicare-accredited home health provider serving 80+ towns with in-home nursing, physical therapy, occupational therapy, speech therapy, social work, and home health aide services. We specialize in **in-home complex nursing care of technology-dependent, medically fragile** children and adults with tracheostomies, ventilators, g- and j-feeding tubes, and other intensive at-home medical interventions. We also specialize in pediatric home health services, including **pediatric behavioral health** and **pediatric diabetes care**.

I support S.B 251 but encourage broader action to support the retention, training, and development of the healthcare workforce, especially as it pertains to home health care.

Home health agencies like mine have struggled with workforce challenges for more than a decade. Given that prior to last year, we did not receive a home health rate increase in over a decade, we have struggled to offer competitive wages to our nurses, home health aides, and therapists.

During the pandemic home health and hospice providers (and non-medical) HMC agencies have suffered as much as **30% loss of workforce**. Nurses, therapists (OT, PT, ST, SW), and home health aides have left home health for other care settings that can pay more and offer better benefits.

The workforce issues compounded during the pandemic due to piled on costs to provide care with added inflationary impact. Other sectors received added funding in last year's budget to assist with attracting staff, offering "stay" and "sign-on" bonuses—home health did not. We suffered by losing staff at an alarming rate to these entities who were able to pay more money, offer more benefits and overall, be far more competitive.

A good start (but by no means a final solution) to helping us get stabilized came from the ARPA HCBS funding proposed in August of 2021. Unfortunately, only partial funding came through in late January due to CMS approval delays and state plan amendment bureaucratic processes. We are still awaiting full approval from CMS to implement the final phases.



The result?...Access to care has been dangerously diminished.

The fact is, we need more nurses and home health aides ready and able to work in the home health setting.

Here are factors that are currently working against building the pipeline of home health nurses and home health aides:

1. We provide advanced care in the home, not in a facility setting. Yet, to grow our revenue we must grow our patient census, which requires an adequate number of trained staff.
2. Our reimbursement rates for Medicaid limit our ability to pay adequate and competitive wages or to recruit new staff.
3. The pandemic has resulted in many staff leaving home care for other healthcare specialties who pay more and whose payment models are better designed to afford employee benefits.
4. As many experienced professionals depart, they take with them clinical skills and years of hands-on practice and knowledge, reducing the experience of the remaining teams, creating a practice gap.
5. CT is NOT a compact licensure state allowing RNs, LPNs, home health aides, or therapists from other states to be hired using a shared licensure process.
6. **And perhaps most importantly, our feeder pipeline for staff is at the bottom of the totem pole for many reasons:**
 - a. The curricula for nursing, allied health and medicine rarely if ever include home care and hospice. Thus, new nurses do not even consider home health.
 - b. The clinical rotations are extremely limited due to high volume of students needing placement with low number of agencies able to provide experience.
 - c. Often education focus is on developing Registered Nurses (RNs), as they are preferred in a hospital setting, but LPNs are desperately needed in home health as they can be utilized for both skilled nursing visits and for extended care shift-nursing.
 - d. There are very few Licensed Practical Nurse (LPN) programs available at a reasonable cost. Most programs are through private universities which is prohibitive for many possible candidates.
 - e. We struggle to train less experienced nurses in the field because unlike an institutional setting, a nurse can train alongside other trained professionals. For us to train a home health nurse requires us to have another nurse go out and do visits with the new nurse, and there is no reimbursement for a second nurse in-training.



We need help preventing the continued loss of our skilled professionals right now. Attrition is causing agencies like mine to not be able to accept new patient referrals. Access to home health services is in dire straits. In addition to helping grow the future workforce, we also need immediate measures to stop the bleeding.

We urge the Education Committee to consider immediate investment in the home health workforce:

1. **Grants for employers to build mentorship and preceptor programs** where we can hire and train less experienced nurses. This is critical for training home health nurses, as we don't have the benefit of training people in a group or on-the-job in a brick-and-mortar setting.
2. **Invest in home health aide to LPN to RN bridge programs** allowing the path to grow one's skills and credentials to be affordable and accessible.
3. **Invest in low/no-cost LPN and RN programs** so that there is a faster path to getting nurses in the field.
4. **Offer tuition reimbursement grants to employers.** This would help us retain the nurses we have while also developing the workforce to increase their credentials and experience.
5. **Encourage CT to become a RN Licensure Compact state.** This will immediately help us have access to more nurses from elsewhere.
6. **Develop and fund training programs specifically for home health nurses.** This would alleviate the struggle we have of training home health nurses from scratch and not having a way to fund the cost of the person being trained.
7. **Develop and fund training programs for complex care nursing.** We have an overwhelming demand for LPNs and RNs with home health experience with both children and adults who have tracheostomies and ventilators. Providers like All Pointe work hard and invest considerably to develop these skills to meet the impossible demand.

What is the impact of the home health nursing shortage on patients in Connecticut? Patients are not able to receive in-home care. Providers are unable to take new patients because they do not have the nurses, home health aides, or therapists needed to care for them.

The Workforce bleeding must be stopped or there will be no one to care for the tens of thousands of people who want to receive care in their homes.

Thank you for the opportunity to provide testimony. Feel free to contact me with any questions.

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